



PATENT APPLICATION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop AF, Commissioner for Patents
P.O. Box 1450, Alexandria, VA 22313-1450

on November 8, 2005

Vidal A. Oaxaca, Reg. No. 44,267

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/748,973
Applicant : Charles F. Kelty
Filed : September 17, 2004
Title : Skimmer and Filter

TC/A.U. : 1724
Examiner : Fred Prince

Docket No. : 31626-1001
Confirmation No. : 8829

**AMENDMENT AFTER FINAL REJECTION
UNDER 37 C.F.R. § 1.116(a)**

Mail Stop AF
Commissioner for Patents
United States Patent and Trademark Office
P.O. Box 1450
Alexandria, Virginia 22313-1450

**RESPONSE UNDER
37 C.F.R. § 1.116(a)
EXPEDITED PROCEDURE**
Examining Group 3671

Sir:

In response to the Office Action dated September 8, 2005 please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 7 of this paper.

11/14/2005 DTESSEM1 00000011 10748973

01 FC:2202
02 FC:2201

200.00 OP
100.00 OP



Filed in Duplicate
PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Charles F. Kelty

Examiner: Fred Prince

Serial No.: 10/748,973

Group Art Unit: 1724

Filed: September 17, 2004

For: SKIMMER AND FILTER

AMENDMENT TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment for the above application.

- ☒ Applicant is a small entity (claimed under 37 CFR 1.27)
☐ A Petition for Extension of Time accompanies this filing.
☐ Also enclosed is a check for \$300.

CALCULATION OF ADDITIONAL CLAIM AND/OR EXTENSION FEES:

	Remaining CLAIMS: after Amendment		Highest No. Previously Paid For	Present Extra	ENTITY RATE Small OR Large	FEE RATE
TOTAL	28	MINUS	20	8	x \$25 x \$50	= \$200.00 = \$
INDEP.	4	MINUS	3	1	x \$100 x \$200	= \$100.00 = \$
First Presentation of Multiple Dep. Claim					+ \$180 + \$360	= \$ = \$

EXTENSION FEES (One month = \$60 OR \$120, Two months = \$225 OR \$450, Three months = \$510 OR \$1020)
MONTH(S)= \$

TOTAL \$300.00

A check in the amount of \$300.00 is attached.

☐ Check includes extension of time fee.

☒ No extension of time is required, check is for claim fees only.

For the Commissioner's convenience this transmittal is submitted in duplicate. If any additional fee is required, please charge our Deposit Account No. 13-4213. Please refund any overpayments.

Dated:

By:

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Vidal A. Oaxaca, Reg. No. 44,267

11/8/05 (date)